

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/16/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445075	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  07/15/2010
NAME OF PROVIDER OR SUPPLIER  MADISON HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 431 LARKIN SPRING RD MADISON, TN 37115		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 147 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on the survey conducted on 7/13/10, it was determined the facility failed to maintain the electrical equipment as required National Fire Protection Association (NFPA) 70, 210-8(a)(7).</p> <p>The findings included:</p> <p>On 7/13/10 at 11:45 AM observation within the south hall nurses' station revealed the Ground Fault Circuit Interrupter (GFCI) unit had a reversed polarity connection.</p> <p>2. At 11:55 AM observation within the beauty shop revealed the GFCI unit next to the sink was faulty and did not work.</p> <p>3. At 1:25 PM observation within the east hall activity room revealed, the GFCI unit was not working.</p> <p>These findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 7/13/10.</p>	K 147	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>K 147</p> <p>It is the practice of this facility to maintain electrical wiring and equipment in accordance with the NFPA 70, National Electrical Code, 9.1.2</p> <p>July 23, 2010 the Ground Fault Circuit Interrupter (GFCI) outlets were replaced by Tim Anderson - Owner Licensed and Insured Electrician which were located within the south hall nurses' station, next to the sink in the beauty shop, and within the east hall activity room.</p> <p>The GFCI outlets will be checked as outlined in the facility Preventative Maintenance scheduled program. The Maintenance Director will report the results of PMs performed according to the PM program along with any corrective and/or disciplinary action to the facility performance improvement committee (Administrator, DNS, ADNS, SDC, Social Service, Activities Director, Case Manager, MDS Coordinator, Maintenance Supervisor, and Medical Director at least quarterly) at its monthly meeting for review and recommendations as needed.</p>	8/17/2010	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting, providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.